
HOUSE CALLS

for the Modern Age

Old-fashioned home visits have a place in a high-tech world.

By Cynthia Myers

With the weather channel droning in the background, Dr. Leah Cooper listens for the gurgle of fluid in patient Lillian Beaman's lungs. Under the watchful eye of the gray tabby cat who crouches beneath an antique sideboard, she checks the patient's skin for signs of ulceration, pausing a moment to greet Mrs. Beaman's three-year-old great-granddaughter as the child skips past. Daughter-in-law Donna answers Dr. Cooper's questions about Mrs. Beaman's diet while Mr. Beaman maneuvers his wheelchair a little closer to his wife's recliner. Laundry flaps on the line out back, a dog barks in the distance, and the frenzied world of the modern medical office seems miles, even years, away. Several times a month, Dr. Cooper makes this trip back in time to practice what was once a staple of the medical profession in this country: the house call.

"I enjoy it," Dr. Cooper says of her house calls. "It's interesting to see how and where people live."

For Lillian Beaman, her whole world is within the walls of this modest house in rural Colorado.

Continued

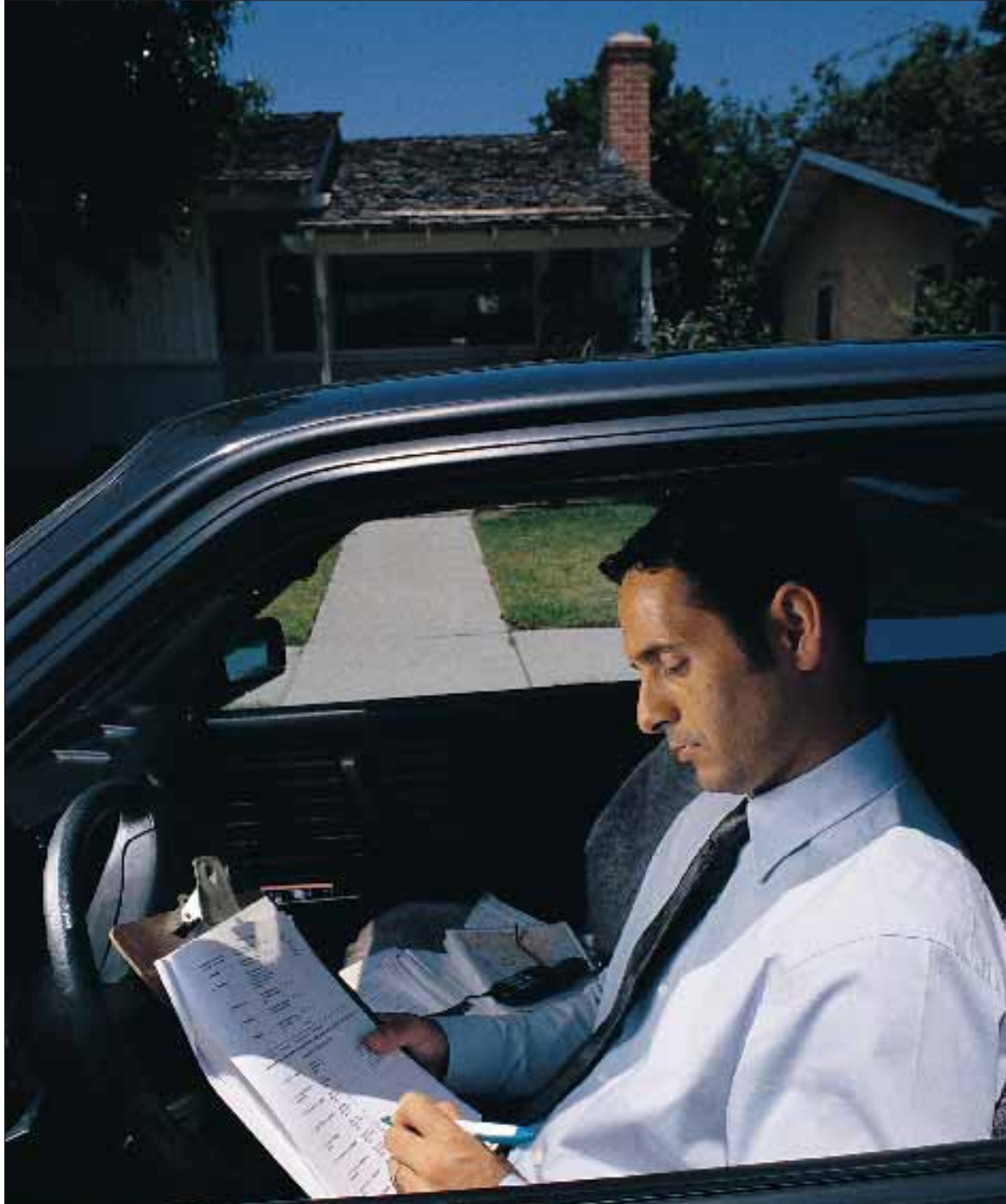


PHOTO / STEVE GOLDSTEIN

CareMore Medical Group, an IPA based in Downey, California, has residents like Dr. John Lelonde, above, visit patients who have recently been discharged from the hospital. The practice has contributed to a significant reduction in the number of hospital readmissions.

HOUSE CALLS

Continued from previous page

The 91-year old woman suffers from debilitating dementia and spends most of the day sitting in a chair or lying on the bed under the watchful eye of daughter-in-law Donna Beaman. Making the trek to the doctor is a three-hour or more ordeal for the whole family, so rather than schedule Mrs. Beaman for treatment in the office, Dr. Cooper calls on her at home. Of the five physicians at Loma Vista General and Family Practice in La Junta, Colorado, Cooper is the only one who still makes house calls. The personal contact with patients in their homes fits well with the philosophy that brought her to tiny La Junta, population 7500, to practice medicine. "I wanted to do OB work as part of my practice, so that meant finding someplace rural with a hospital where I could deliver babies," she says.

From delivering babies to caring for dying great-grandparents, Dr. Cooper's practice could be the model for the kind of birth-to-death care Norman Rockwell might have depicted in one of his paintings. To Dr. Cooper, house calls have a place in that spectrum, whether she's stopping in to check on a pregnant woman confined to bed rest, or lingering by the bedside of a stroke victim who is breathing his last.

"House calls are nice for the families," Dr. Cooper says.

"To get someone like Mrs. Beaman here into the office is a real feat."

Mrs. Beaman is typical of the kind of patients Dr. Cooper and others who still make house calls see: elderly, incapacitated, or too frail or difficult to transport to a medical office. According to a study published in the *New England Journal of Medicine* which analyzed data from 1993, fewer than one percent of patients received house calls. Of those who were seen at home by doctors, the majority were very sick or dying.

Simple economics has been partially responsible for the shift away from house calls. In the two hours spent calling on Mrs. Beaman, Dr. Cooper might have seen eight to 12 patients in the office. Though Medicare reim-

bursement for home visits averages about \$20 more than reimbursement for an office visit, this isn't enough to make up for the difference in income a doctor could receive staying in the office. There's also the doctor's time to be considered. A doctor with a busy practice must take time away from other patients, or from personal time, in order to make a house call.

"House calls are pretty inefficient," Dr. Cooper agrees. "But it's not like I'm doing it every day." Instead, Cooper sets aside Wednesday afternoons—technically her afternoon 'off—to make house calls and see nursing home patients.

The *New England Journal of Medicine* study pointed to another reason modern doctors are forsaking the house call: for many physicians, high-tech equipment and testing such as X-rays and EKGs, have replaced low-tech diagnostic methods such as listening to a patient's heart and lungs with a stethoscope. Whether from a heightened awareness of medical liability, or a belief in the superiority of such tests, some doctors feel uncomfortable forgoing them for house call patients, who may be among the most severely ill patients in their practice.

In recognition of this gap in doctors' training, some medical schools are acting to make house calls part of students' studies. R. Knight Steel, MD of the University of Medicine and Dentistry—New Jersey Medical School in Newark developed the Home Care Into Academic Medicine program to train third- and fourth-year students at 10 medical schools to make house calls. "We're not trying

"The resident gets to see the real environment where patients live instead of the sterile environment of the hospital or a doctor's office," explains Donald Furman, MD, the director of medical affairs for CareMore Medical Group.



Dr. John Lelonde makes a house call for CareMore Medical Group of Downey, California.

HOUSE CALLS

Continued from previous page

HotelDocs take house call tradition to travelers

When Bruce Willis became ill while shooting his latest movie, he didn't bother with trying to find a local doctor, making an appointment, and enduring a long wait in a crowded waiting room. Instead, he summoned a doctor to see him in his hotel room.

Such personal service isn't just for celebrities anymore. Ordinary vacationers or business travelers who become ill or suffer a minor accident while away from home can call on physicians from the HotelDocs franchise. HotelDocs makes 'house calls' to hotel rooms in all fifty states and several Canadian provinces.

"We have over five thousand doctors across the country," says HotelDocs President and Founder Ian Becker. "Each one

is in a local practice, affiliated with a local hospital. They have to have private insurance, have an unencumbered state license and a DEA certificate. And they have to have the right personality."

Personality is important, because HotelDocs guarantees that its customers will like the doctor who cares for them. "We say to everybody that if you don't like the doctor we send you, the service is free," Becker says.

HotelDocs grew out of market research Becker, a businessman, did which showed that at any given time, there are more people in hotel rooms in San Diego than the residential population of the

city. After 18 months of research and development, HotelDocs made its first patient call in San Diego in 1988.

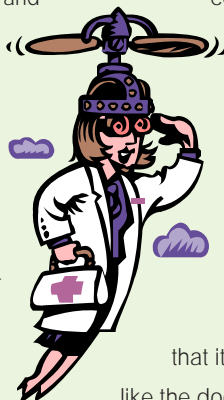
When a guest is sick, they contact the HotelDoc's toll-free number. The organization sends a physician. The doctor bills \$150 per call and pays a monthly fee to HotelDocs, which handles billing and collections and guarantees the physician will receive payment within seven days. Doctors set their own schedules and may choose which calls they will take. "Most doctors do two or three calls a week and make about \$40,000 a year, part-time, although our top doctor made \$137,000 part time in one year," Becker says.

Doctors are drawn not only to the income potential of the franchise, but to the opportunity to meet people from all over the

world, from sports celebrities and movie stars to CEOs and tourists. In addition to general medical doctors, HotelDocs recruits dentists, chiropractors, optometrists, and podiatrists. The doctors see routine illnesses and minor emergencies such as sore throats, influenza, and sprains and strains. More serious emergencies are referred to hospital emergency rooms.

"We try to take care of all kinds of health problems for people who don't know where to turn," Becker says. "When people are in their own hometown, they have the resources to get the care they need, but when they're traveling, they can turn to us for help."

Physicians interested in learning more about HotelDocs can call 1-800-386-8989 or access their Web site at <http://www.hoteldocs.com>. ■



to go backward," Steel says. "We're trying to produce a group of physicians knowledgeable of what happens outside the acute-care hospital. Even if you're a thoracic surgeon and sending someone home in five days instead of six, you need to know what that entails."

Funded by a grant from the John A. Hartford Foundation, the home care training program pairs medical students with doctor-mentors who guide them through the ins and outs of home visits. Through actual home visits, classroom discussion and other course work, students enrolled in the

home care program develop the history taking and physical diagnosis skills needed to properly assess patients in the home, collaborate with home care nurses, technicians, and other professionals as part of a multi-disciplinary home care team, and become acquainted with the variety of different agencies and services involved in home care, such as home health, social services such as Meals on Wheels, and other community programs.

Across the country, other groups are recognizing the value of making house calls part of doctors' training. CareMore

Medical Group, an IPA based in Downey, California, has found a way to train interns in the art of the house call, while providing better care for CareMore patients. Second-year residents in Downey Community Hospital's family practice residency program make house calls on all CareMore patients who have recently been discharged from the hospital. "The resident gets to see the real environment where patients live instead of the sterile environment of the hospital or a doctor's office," explains

Continued

HOUSE CALLS

Continued from previous page

Donald Furman, MD, MBA, the director of medical affairs for CareMore Medical Group. "Seeing the patient within our system, between the hospitalization and outpatient visit is very beneficial."

Residents first visit with the patient in the hospital, introducing themselves and familiarizing themselves with the patient's case. A day or two following discharge, the resident visits the patient at home, consulting with the home care nurse and reviewing the patient's progress over the telephone with the attending physician.

Furman cites the advantages of seeing patients in their own environment: "We can see environmental hazards such as loose rugs or lack of hand rails," he says. "We can see if they're taking their medication properly, and see if they even have the medications." With more than 10,000 elderly patients, CareMore has made house calls part of a continuum of care that includes hospital care, outpatient care in doctor's offices, a comprehensive care clinic for frail patients, and specialty clinics such as an anticoagulation clinic. In doing so, they have significantly reduced the number of hospital readmissions.

"We looked at our numbers and saw that 53 percent of all our readmits were in the first seven days [after hospitalization]," Furman says. "We felt the missing link was intervention very soon after hospitalization. We felt that in the first day or two after discharge, if the patient was seen by a hospitalist as well as a home health nurse, they would have a strong team of professionals seeing them. We felt that the home health nurse had so much to do, especially in the first day or two, with all the government paperwork, etc, we felt that a physician and a home health nurse together would complement each other."

Since instituting routine house calls in February of 1999, CareMore has seen readmissions fall to less than 20 percent.

At least one company has taken the house call one step further. Mobile Doctors Management, LLC, manages more than 50 physicians in Illinois, Indiana, and Florida who have chosen to specialize in house calls. "It's a lot more hands-on, being able to see the patient in the environment that they're used to operating in daily," says Dike Ajiri, the chief operating officer of Mobile Doctors. "Our patients love it. Many of them were born at home. Many of our patients grew up with doctors making house calls."

Ajiri's family owned a medical equipment and home health-care supplier and Mobile Doctors grew out of their frustration with the difficulty in providing home health care services to patients who needed medical equipment, but could not get out of their homes to see a doctor in order to obtain an order for equipment and services. "We saw a need for physicians to go to these patients in their homes," he says.

The doctors who work for Mobile Doctors only make house calls. Ajiri reports Mobile Doctors physicians have an income comparable to what they would make in the typical office-based practice. "It takes a certain type of doctor to enjoy this," Ajiri says. "The ones that we hire I think really enjoy it, because they feel that they're really practicing the type of medicine they've always wanted to practice."

As for Dr. Cooper, she appreciates the break from routine that a house call provides. She never knows what she's going to find the first time she visits a patient at home. For example, the call to Mrs. Beaman involved driving miles down dirt roads, following

printed directions, and two calls from her cell phone. Arriving at what she thought was the correct house, she found it empty, save for a barking dog. One more phone call determined that the house she was searching for was located next door. Donna Beaman waved her in from the front steps.

Donna Beaman is clearly relieved to see the doctor. "I sure appreciate this," she says, ushering her into the living room. "It takes 45 minutes just to get her [Mrs. Beaman] loaded in the van, then another 45 to get to town."

Mrs. Beaman waits in the recliner, alternately dozing and staring vacantly at the weather channel as a perky forecaster reels off highs and lows for cities around the country. Dr. Cooper greets her warmly and kneels down beside the recliner to begin her examination. Mrs. Beaman was hospitalized over the weekend for fluid on her lungs and Cooper wants to make sure it doesn't develop into pneumonia or other complications.

Donna, a former nurse who provides round-the-clock care to Mrs. Beaman and to elderly Mr. Beaman, who is confined to a wheelchair and hard of hearing, sinks into a nearby chair and watches attentively. "Doctors don't do this anymore," she says of the house call. "When Dr. Cooper said she'd come, the first thing I thought was 'Dr. Quinn!'"

"Her weight looks good. Is she eating well?" Cooper asks as she unpacks her stethoscope.

"She doesn't eat much. I feed her as much as she'll keep down," Donna reports. "Would you check her heels, too? I try to keep them elevated, but the skin's all red and hot. I'm worried about ulcers."

Cooper examines Mrs. Beaman's heels, checks her skin, listens to her heart and lungs, and asks Donna

HOUSE CALLS

Continued from previous page

about her sleeping habits. Donna takes her into the bedroom and shows her where Mrs. Beaman sleeps and the Hoyer lift she uses to transfer her from bed to chair.

Back at Mrs. Beaman's side, Cooper completes her examination. For someone of her age and frail condition, she is in remarkably good health, with clear skin, no infections and a steady weight, which Cooper attributes to the excellent care Donna provides. The doctor writes a prescription for a cream to relieve the redness on the heels and prepares an injection of Lasix to further reduce the fluid in Mrs. Beaman's lungs. About that time, dogs announce the arrival of a car next door. A few moments later, Donna Beaman's daughter-in-law arrives with her daughter, a curly-headed three-year old who skips happily through the room. While the little girl plays with one of the dogs, Dr. Cooper administers the

injection and hands over the prescription. Mr. Beaman rolls his wheelchair closer to his wife's recliner and settles in to watch television with her, although Mrs. Beaman appears to have fallen asleep once more.

Though house calls make up a small part of Dr. Cooper's practice, they offer her variety and a change of pace. She has cared for hospice patients, such as a man with emphysema whom she saw once a week until his death. She visited a stroke victim every other day for a while, and when one of her maternity patients was confined to bed, Cooper would stop by on her way home from the office several times a week to check on her condition.

House calls provide doctors an opportunity to see patients in a different light and to connect with them on a different level. As Dr. Steel says, "Home care has a wonderfully humanizing effect. Doctors

see patients as individuals, not as someone with a silly gown."

Calling on Mrs. Beaman, Dr. Cooper has glimpsed four generations of a family living next door to each other. To these people, Mrs. Beaman is not the next appointment, or the next case. She is wife, mother, and grandmother. Though they see the frail figure in the recliner, they also see the woman in the picture which hangs on the living room wall—a vibrant, beautiful woman, her hair freshly done, a corsage pinned to her shoulder. In the picture, Lillian Beaman is laughing. Somehow, the family knows that this is the Lillian who lurks beneath the fragile shell in the recliner. Visiting her at home, Dr. Cooper has glimpsed this, too. ■

Cindi Myers is a Texas-based freelance writer.